

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045623

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 347

Primary Registration District No. 6162

Registrar's No. 46

FILED DEC 4 1962

VS 300
Rev. 4/59

1 1040

2 0220

3

4 0

5 1

6

7 0

8 2

9 X

10

11 104

12 91-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Ruth</u>		c. CITY OR TOWN <u>Highlandville</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>1/2 Mi. N. of Reed Springs Hy 13</u>		d. STREET ADDRESS (If outside, give location) <u>Off Hy. 65-4 mi. on Co. H H</u>	
3. NAME OF DECEASED (Type or print) <u>Hershel Herbert Grider</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-21-1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (City and state or country) <u>Springfield, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S</u>	
13a. FATHER'S NAME <u>J. A. Grider</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Cook</u>	
14. NAME OF HUSBAND OR WIFE <u>Nellie Grider</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Nellie Grider, Highlandville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Chest</u> Internal Injuries DUE TO (b) <u>Internal Injuries</u> DUE TO (c) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car Accident</u>	
20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>PM</u> Month, Day, Year <u>11/16/62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1/2 mile north of Reeds Brings Junction Hy 13</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Highway 13</u>		
21. I attended the deceased from <u>Coroners Case</u> , to _____ and last saw her alive on _____ Death occurred at <u>6:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>George M. Moore</u> Coroner	
22b. ADDRESS <u>Crane Missouri</u>		22c. DATE SIGNED <u>11/19/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 20, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highlandville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Highlandville, Mo.</u>
24. FUNERAL DIRECTOR <u>Adams-Monger, Ozark, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 28, 1962</u> 26. REGISTRAR'S SIGNATURE <u>Mary F. Stewart</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DEC 5 - 1962

DEC 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4390

P. O. Address Ozark Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit issued
11-19-62*